

ARTIFACT SHEET

Enter artifact number below. Artifact number is application number + artifact type code (see list below) + sequential letter (A, B, C ...). The first artifact folder for an artifact type receives the letter A, the second B, etc.. Examples: 59123456PA, 59123456PB, 59123456ZA, 59123456ZB
101074776
Z

Indicate quantity of a single type of artifact received but not scanned. Create individual artifact folder/box and artifact number for each Artifact Type.

CD(s) containing:

computer program listing

Artifact Type Code: P

Doc Code: Computer

pages of specification

and/or sequence listing

and/or table

Doc Code: Artifact

Artifact Type Code: S

content unspecified or combined

Doc Code: Artifact

Artifact Type Code: U

Stapled Set(s) Color Documents or B/W Photographs

Doc Code: Artifact Artifact Type Code: C

Microfilm(s)

Doc Code: Artifact Artifact Type Code: F

Video tape(s)

Doc Code: Artifact Artifact Type Code: V

Model(s)

Doc Code: Artifact Artifact Type Code: M

Bound Document(s)

Doc Code: Artifact Artifact Type Code: B

Confidential Information Disclosure Statement or Other Documents marked Proprietary, Trade Secrets, Subject to Protective Order, Material Submitted under MPEP 724.02, etc.

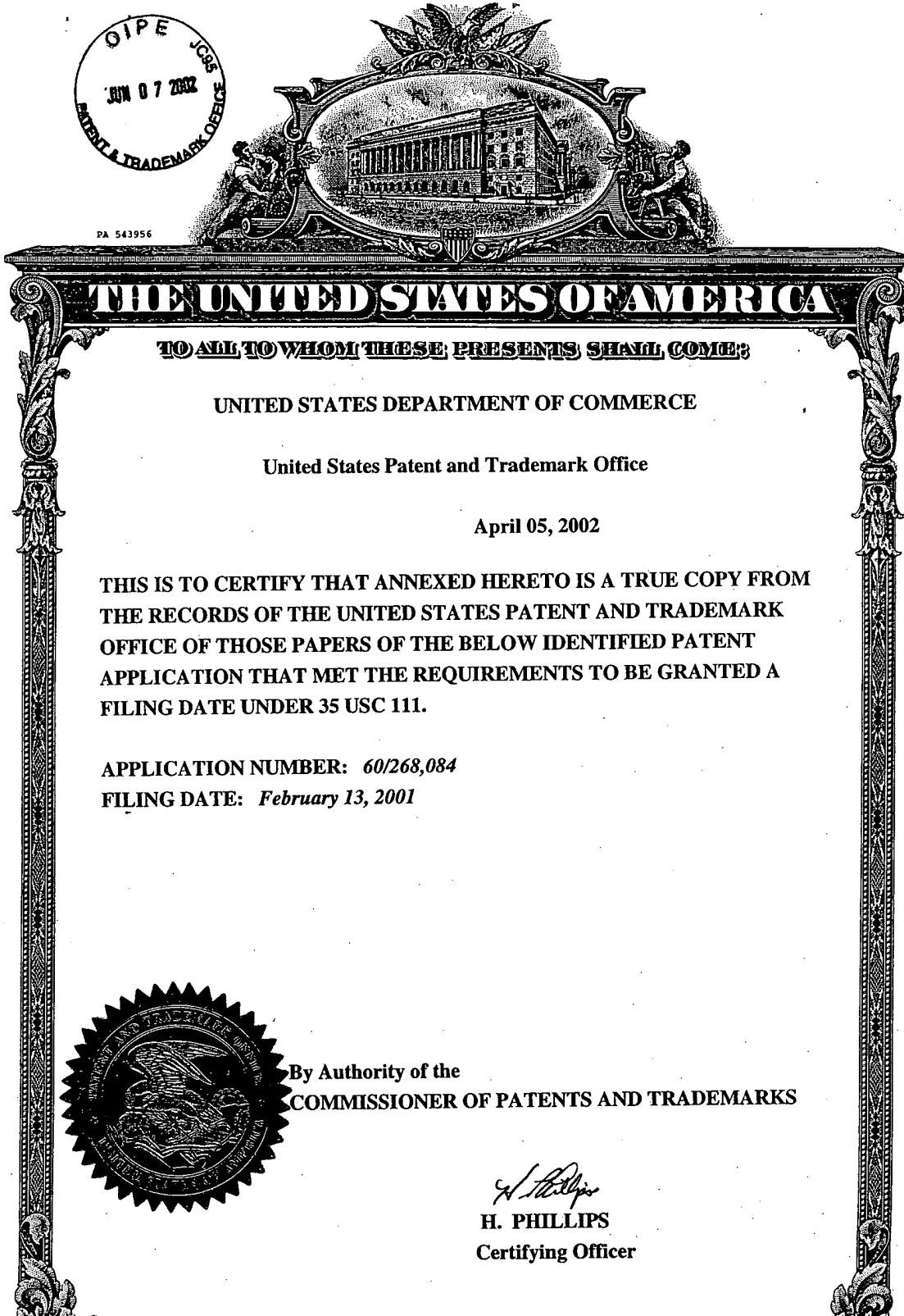
Doc Code: Artifact Artifact Type Code X

Other, description:

Doc Code: Artifact Artifact Type Code: Z



PA 543956



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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)/APPLICANT(S)		
Given Name (first and middle if any)	Family Name or Surname	Residence (City and either State or Foreign Country)
YOSEF GIDEON ILAN	ELIAV HOSHEN LOZOVSKY	TEL AVIV, ISRAEL RAMAT HASHARON, ISRAEL RAMAT HASHARON, ISRAEL
<input type="checkbox"/> Additional inventors are being named on page 2 attached hereto		
TITLE OF THE INVENTION (280 characters max)		
PEER 2 PEER CONTENT ON DEMAND SYSTEM		
Direct all correspondence to: CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number <input type="text"/>		<input type="checkbox"/> Place Customer Number Bar Code Label here
OR		
<input type="checkbox"/> Firm or Individual Name	Mark M. Friedman	
Address	c/o Anthony Castorina	
Address	2001 Jefferson Davis Highway - Suite 207	
City	Arlington	State Virginia ZIP 22202
Country	U.S.	Telephone (703) 415-1581 Fax (703) 415-4864
ENCLOSED APPLICATION PARTS (check all that apply)		
<input checked="" type="checkbox"/> Specification <input type="checkbox"/> Drawing(s)	Number of Pages <input type="text" value="10"/> Number of Sheets <input type="text"/>	Applicant is Small Entity <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Assignment"/>
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number.		FILING FEE AMOUNT <input type="text" value="06-2140 - -"/> <input type="text" value="\$75"/>
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are <input type="text"/>		

Respectfully submitted,

SIGNATURE

DATE 11 FEB 01

TYPED or PRINTED NAME Mark M. Friedman REGISTRATION NO. 33,883

(if appropriate)

TELEPHONE (703) 415-1581

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231

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